Please fill out completely and return this form by Friday, November 13 along with a copy of proof of vehicle(s) insurance you have entered in the parade to the Parks & Recreation office by fax to 421-8678 or complete on the City of Casa Grande website at www.casagrandeaz.us or parksrecreg@casagrandeaz.gov

PLEASE NOTE: WE CANNOT MAKE ANY CHANGES TO YOUR DESCRIPTION FORM THE WEEK OF THE PARADE.

Space # Name of Company	y/Organization	
Total Length of car/truck ft. (include truck, trailer, people/walkers, EVER		= Total Length of Float
Number of people with your float:	Walking	Riding
Short Description of Float:		
	yers, etc.? If so, p	lease describe
Who is on our float?		
How many years has your organization,	group or individua	al participated in this parade?
List any previous Electric Light Parade	awards and year re	eceived with the City of Casa Grande:
Anything special about your float would	l you like announce	ed? Please be brief.
or its event sponsors for injuries that may occur	aive any claim agains r as a result of my/out e will exercise caution	t the City of Casa Grande, its employees, its agents, r participation in this event. I/we understand the and take steps necessary to avoid injury. I/we also
Company/Organization		Parade Coordinator/Participant